

Proposal # **2001-1213** (Official Use Only)

PSP Cover Sheet (Attach to the front of each proposal)

Proposal Title: American Basin Fish Screen and Habitat Improvement Project
Applicant Name: Natomas Mutual Water Company
Contact Name: Peter Hughes, General Manager
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Amount of funding requested: \$950,000

Some entities charge different costs dependent on the source of the funds. If it is different for state or federal funds listed below.

State cost _____ Federal cost _____

Cost share partners? X Yes No

Identify partners and amount contributed by each U.S. Bureau of Reclamation \$950,000 to be requested.

Indicate the Topic for which you are applying (check only one box).

- | | |
|--|--|
| <input type="checkbox"/> Natural Flow Regimes | <input type="checkbox"/> Beyond the Riparian Corridor |
| <input type="checkbox"/> Nonnative Invasive Species | <input type="checkbox"/> Local Watershed Stewardship |
| <input type="checkbox"/> Channel Dynamics/Sediment Transport | <input type="checkbox"/> Environmental Education |
| <input type="checkbox"/> Flood Management | <input type="checkbox"/> Special Status Species Surveys and Studies |
| <input type="checkbox"/> Shallow Water Tidal/Marsh Habitat | <input type="checkbox"/> Fishery Monitoring, Assessment and Research |
| <input type="checkbox"/> Contaminants | <input checked="" type="checkbox"/> Fish Screens |

What county or counties is the project located in? Sacramento County and Sutter County

What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible 3.5

Indicate the type of applicant (check only one box):

- | | |
|--|--|
| <input type="checkbox"/> State agency | <input type="checkbox"/> Federal agency |
| <input type="checkbox"/> Public/Non-profit joint venture | <input checked="" type="checkbox"/> Non-profit |
| <input type="checkbox"/> Local government/district | <input type="checkbox"/> Tribes |
| <input type="checkbox"/> University | <input type="checkbox"/> Private party |
| <input type="checkbox"/> Other: _____ | |